



RECOMMENDATIONS ON INFLUENZA PANDEMIC PREPAREDNESS FOR INDUSTRY IN MALAYSIA

By

Ministry of Health Malaysia (MOH)

And

The Society of Occupational
and Environmental Medicine (SOEM)
of the Malaysian Medical Association (MMA)

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1. Definition of Pandemic Influenza:

Emergence of a new strain of influenza virus to which much or all of the population is susceptible. This new virus is efficiently transmitted from person to person and causes influenza outbreaks in many countries. An example is the emergence of new strain of bird flu (H5N1) virus that is easily and efficiently transmitted from human to human.

2. Symptoms of influenza:

- Acute onset of high grade fever ($>38^{\circ}\text{C}$)
- Cough
- Sore throat
- Myalgia (muscle ache)
- Joint pain
- Headache
- Malaise

3. Rationale

There is a global concern that an influenza pandemic may occur because of continuing spread of bird-flu (H5N1) virus to domestic poultry in many countries and the emergence of bird-flu cases in human. Such cases have so far been limited to those in close contact with infected bird or poultry. However in the foreseeable future, such spread may occur between human to human. Then, the health and well-being of the community at large and specifically the workforce will be of great concern to government and industry.

The Malaysian government has developed a National Influenza Pandemic Preparedness Plan (NIPPP). A summary of the phases in this plan is attached in Appendix 1. Industries too, will need to develop their own preparedness plans to ensure the protection of their employees and business continuity.

The Ministry of Health (MOH) together with the Society of Occupational and Environmental Medicine (SOEM), a professional organisation, which focuses on occupational health have developed recommendations on influenza pandemic preparedness for industries in Malaysia. These recommendations are meant for health practitioners serving industries in Malaysia. These recommendations will also be shared with industries through the appropriate organizations such as the Malaysian Employers Federation and Federation of Malaysian Manufacturers. The final decision on implementing the recommendations however lies with the employer.

For practical purposes, phases 1 and 2 are categorised as pre-pandemic stage whereas phase 3 to 6 is categorised as pandemic stage. These recommendations do not cover post-pandemic phase.

4. Pre-pandemic Action Stage

This stage encompasses phases 1 and 2 stated in the NIPPP.

The actions to be taken include:

Aspect	Action
Planning	<ul style="list-style-type: none">• Develop site-specific preparedness plans.• Prepare for the need to continue operations with only essential operational staffs• Develop business continuity plans in the event of significant loss of manpower.
Communication	Communications to employees about pandemic flu (what it is, its' impact, preventive methods they could use etc.). -Personal hygiene (refer to Appendix 2) -Respiratory etiquette -Method: Frequently Asked Question (FAQ), focus on at-risk groups,
Personal Protective Equipment (PPE)	Acquisition of appropriate PPE such as gloves and facemasks and determine policy on distribution. MOH recommends the use of N95 facemask for those who are in direct contact with suspected Pandemic Influenza(PI) cases and surgical mask to person with symptoms of influenza (refer to Appendix 3). For industry in general, use of surgical masks are adequate.
Screening Tools	<ul style="list-style-type: none">• Acquisition of required screening tools (e.g. thermometer, health questionnaire)• Develop company specific screening tool, which may be based on Health Alert Card (Notice) for Travelers Coming From or Exiting Influenza Pandemic Affected Countries or Areas (Appendix 4).• Training of personnel to administer the screening process.
Antiviral Agents	<ul style="list-style-type: none">• MOH is responsible for the use of antiviral agents in the treatment of cases during PI as spelt out in NIPPP.• Individual companies may determine their own policy on antiviral agents.
Vaccination	<ul style="list-style-type: none">• Seasonal influenza vaccination is recommended for high risk groups (e.g. health care workers, people with pre-morbid medical condition).• Individual companies may determine their own policy on influenza vaccination.
Audit	An audit or self evaluation may be conducted to evaluate the effectiveness of the preparedness plan of the company.

5. Pandemic Action Stage

This stage encompasses phase 3 to 6 of NIPPP. This stage occurs when the Malaysian Government declares a pandemic in the country.

The actions to be taken include:

Aspect	Action
Medical surveillance	<ul style="list-style-type: none">• Start screening for influenza symptoms and daily temperature check among employees, contractors and visitors (refer to Appendix 4). Temperature of 38° C and above or symptoms of flu are indications for barring entry to site.• Site medical team or focal point to be informed of cases among employees and of local situation.
Staffing at site	As normal.
Suspected case	Refer the case to a designated hospital immediately (refer to Appendix 5). Case definition for suspected cases – refer to Appendix 6.
Prophylaxis	Routine chemoprophylaxis is not recommended .
Post-exposure Prophylaxis	Post-exposure chemoprophylaxis is not recommended
Treatment	All cases or suspected cases should be referred to the nearest designated hospital (refer to Appendix 5) for appropriate management.
Communication	Inform all employees of on-going company specific plans, which include list of critical staff at site.
Employees who have had contact with a case	<ul style="list-style-type: none">• Such employees should be quarantined at home for 10 days (refer to Appendix 7). The employee can be released from quarantine after clearance by the District Medical Officer of Health.• Fitness to return to work shall be determined by the company policy.

Employees with influenza symptoms	<ul style="list-style-type: none"> • If at home <ul style="list-style-type: none"> - wear a surgical mask and seek medical attention at the nearest health facility immediately. -avoid contact with family members -accompanying person should also wear a surgical mask. • If at workplace <ul style="list-style-type: none"> -wear a surgical mask and seek medical attention the nearest health facility immediately. -avoid contact with fellow employees -accompanying person should also wear a surgical mask. • On discharge from hospital, fitness to return to work shall be determined by the company policy.
Disinfection	Clean common surfaces, counters, doors, hand rails etc with bleach (Refer to Appendix 8).
General Hygiene	Maintain frequent hand washing with soap and water (Refer to Appendix 8).

LEVEL OF INFLUENZA PANDEMIC PHASES
- Adapted From WHO And Summary Of Strategic Actions

	Phases	Transmission	Objectives
Inter-pandemic period (planning and preparedness)	1	Influenza virus subtype in animals only (risk to humans low)	Strengthen pandemic preparedness at all levels
	2	Influenza virus subtype in animals only (risk to humans substantial) Confirm pandemic outside Malaysia	Minimize the risk of transmission to humans; Detect and report rapidly, if it occurs
Pandemic Alert (emergency and pre-emptive response)	3	Human infection (transmission in close contacts only) Confirm Pandemic within Malaysia. 3a: imported 3b: within Malaysia	Ensure rapid characterization of new virus Detect, notify and respond to additional cases
	4	Limited human-to-human spread; small clusters <25 cases lasting < 2 weeks Second waves or other waves of pandemic. 4a outside Malaysia 4b inside Malaysia	Contain the virus or delay its spread
	5	Localized human to human spread; Larger clusters 25-50 cases over 2-4 weeks	Maximum efforts to contain or delay the spread
Pandemic (minimizing impact)	6	Widespread in general population	Minimize the impact of the pandemic

*Source: NIPPP

General Advice to the Public on Personal Hygiene

Members of the public are advised to take precautionary measures to prevent respiratory tract infection during pandemic influenza:

1. Good personal hygiene should be observed at all times.
2. Wash hands frequently with liquid soap, especially after sneezing, coughing or cleaning the nose or before preparing food.
3. Build up body immunity by practicing healthy lifestyle e.g. eating healthy food, having adequate rest, exercising regularly and avoiding smoking.
4. Cover nose and mouth when sneezing or coughing
5. Avoid spitting in public places.
6. Avoid visiting crowded places with poor ventilation. If you happen to be in crowded places, like shopping malls or cinemas, wear a surgical mask if somebody near you starts coughing or sneezing
7. If there is a family member who develops fever or respiratory symptoms within 10 days after returning from an affected country, all other members of the family should wear a surgical mask as a precautionary measure.
8. Consult the doctor immediately if you develop fever or any respiratory symptoms

Guidelines On The Use Of Surgical Face Masks During Influenza Pandemic

Benefit of surgical mask:

It helps contain droplets from those already infected and may provide some protection for those exposed to anyone with respiratory symptoms.

Type of surgical mask to be used:

3 ply surgical mask.

Indications:

1. All health care workers and hospital personnel who is at high risk of contact with suspect or probable PI patients. Doctors, nurses, other health workers and all other workers working, right from the triage area to the isolation ward would fall into this category.
2. All health personnel transporting suspected patients to designated hospitals including sending them home
3. Parents accompanying their children who are admitted to the ward for PI.
4. **All personnel involve in triaging (screening) of patients or travelers at entry points**
5. **All health care working at entry points and not directly involved in triaging (screening)**
6. Individuals exhibiting respiratory symptoms
7. Suspected or probable PI patients transported from triage to isolation ward.

Guidelines on wearing surgical masks (3 Ply)

- a. If you have running nose or flu like symptoms, you are advised to stay at home. If you need to go out, make sure you wear a surgical mask.
- b. Avoid crowded places. Wear a surgical mask if you cannot avoid them
- c. Wash hands before wearing a surgical mask and after taking one off.
- d. When wearing surgical mask, the following should be noted:
 - i. The facemask should fit snugly over the face
 - ii. The coloured side of the mask should face outside
 - iii. Tie all the strings that keep the mask in place
 - iv. The mask should fully cover the nose, mouth as well as the chin.
 - v. The metallic wire part of the mask should be fixed securely over the bridge of the nose to prevent leakage
 - vi. The surgical mask should not be used more than a day but if it is wet, damaged or soiled by secretions or body fluid at any time, change the mask immediately.
- e. Discard all used masks into a plastic bag, which should then be tied properly before disposing it into a rubbish bin.

**HEALTH ALERT CARD (NOTICE)
FOR TRAVELLERS COMING FROM OR EXITING
INFLUENZA PANDEMIC AFFECTED COUNTRIES OR AREAS**

For Malaysians and Visitors:

World Health Organisation has issued an alert on influenza pandemic. If you have flu-like symptoms such as fever, cough and any one of these e.g. muscle ache, headache and sore throat you should see a doctor. If you have high fever and difficulty in breathing, you should immediately go to hospital for necessary treatment and please present this card.

***As of the influenza pandemic affected areas are
as follows:**

**Disease Control Division
Ministry of Health Malaysia
Level 3, Block E10, Parcel E,
Pusat Pentadbiran Kerajaan Putrajaya
62590 Putrajaya, Malaysia**

** statement will follow WHO report on current status of influenza pandemic*

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To the Doctor

The person presenting this Health Alert Card may have been exposed to the Influenza pandemic strain while he/she was in an affected area. Influenza is a notifiable illness under the Prevention and Control of Infectious Diseases Act 1988.

Please notify the nearest Health Office or Disease Control Division, Ministry of Health

**Level 3, Block E10, Parcel E,
Pusat Pentadbiran Kerajaan Putrajaya
62590 Putrajaya, Malaysia**

Tel: 03-8883 4327

Fax: 03-8888 6271

List of the designated hospitals.

STATE	HOSPITAL
PERLIS	Hospital Tengku Fauziah Kangar, 01000 Kangar,Perlis Tel: 04-9763333 Faks: 04-9767237
KEDAH	Hospital Alor Setar, 05100, Alor Setar, Kedah Tel: 04-7303333 Faks: 04-7303770 Hospital Langkawi, 07000 Langkawi, Kedah Tel: 04-9663333 Faks: 04-9660121
PULAU PINANG	Hospital Pulau Pinang, Jalan Radensi, 10450, Pulau Pinang. Tel: 04-2293333 Faks: 04-2281737
PERAK	Hospital Ipoh, Jalan Hospital, 30450, Ipoh, Perak. Tel: 05-2533333 Faks: 05-2531541
SELANGOR	Hospital Tengku Ampuan Rahimah Klang, 41200 Klang Selangor. Tel: 03-3323333 Faks: 03-3329089

STATE	HOSPITAL
N SEMBILAN	Hospital Seremban, Jalan Rasah, 70300, Seremban, Negeri Sembilan. Tel: 06-7623333 Faks: 06-7625771
MELAKA	Hospital Melaka, Jalan Mufti Haji Khalil, 75499, Melaka Tel: 06-2822344 Faks: 06-2841590
JOHOR	Hospital Sultanah Aminah, 80100 Johor Bharu, Johor: Tel: 07-2822344 Faks: 07-2841590
PAHANG	Hospital Tengku Ampuan Afzan, Jalan Tanah Putih, 25100, Kuantan, Pahang. Tel: 09-5133333 Faks: 09-5142712
TERENGGANU	Hospital Kuala Terengganu, 20400, Kuala Terengganu. Tel: 09-6233333 Faks: 09-6221820
KELANTAN	Hospital Kota Bharu, Jalan Hospital, 15000, Kota Bharu, Kelantan. Tel: 09-7485533 Faks: 09-7486951
W.P. KUALA LUMPUR	Hospital Kuala Lumpur, Jalan Pahang, 50586, Kuala Lumpur. Tel: 03-26915555 Faks: 03-26911681

STATE	HOSPITAL
SARAWAK	<p>Hospital Kuching, Jalan Tun Ahmad Zaidi Adruse, 93586, Kuching, Sarawak. Tel: 082-257555 Faks: 082-242751</p> <p>Hospital Sibuan, Batu 5 ½, Jalan Ulu Oya, 96000 Sibuan, Sarawak. Tel: 084-343333 Faks: 084-337354</p> <p>Hospital Miri 96700, Miri, Sarawak. Tel: 085-420033 Faks: 085-416514</p>
SABAH	<p>Hospital Queen Elizabeth, 88586 Kota Kinabalu, Sabah. Tel: 088-218166 Faks: 088-211999</p> <p>Hospital Duchess of Kent, 90007 Sandakan, Sabah: Tel: 089-212111 Faks: 089-213607</p> <p>Hospital Tawau 91000 Tawau, Sabah. Tel: 089-773533 Faks: 089-778626</p>
W.P. LABUAN	<p>Hospital Labuan 87007 Labuan W.P. Labuan Tel: 087-423919 Faks: 087-423928</p>

Case Definitions

a) Suspected case

- A person presenting with history of an acute onset of high fever ($> 38^{\circ}\text{C}$)
AND
Dry cough,
AND
one or more of the following: sore throat, nasal congestion/blockage, myalgia, headache, vomiting (infant), fits (infant)
- Close contact* with a person diagnosed with PI within 10 days of the onset of symptoms or recent history of travel to areas** reporting cases of PI

b) Probable case

- ♦ A suspected case with limited laboratory confirmation of Influenza A sub-type
- OR**
- ♦ A person with an unexplained respiratory illness resulting in death with history of close contact with a person diagnosed with PI within the last 10 days or recent history of travel to areas reporting cases of PI.

* *Close contact means having cared for, having lived with, or having had direct contact with secretions and body fluids of person with PI*

** *Countries identified as affected areas to date.*

Exclusion criteria

A case should be excluded if an alternative diagnosis can fully explain their illness.

Reclassification of cases

As more epidemiological data be made available during the influenza pandemic, WHO may provide new case definitions for pandemic influenza. Thus the status of a reported case may change over time. A patient should always be managed as clinically appropriate regardless of their case status.

- A case initially classified as suspect or probable, for which an alternative diagnosis can fully explain the illness, should be discarded.

- A suspect case who after investigation, fulfill the probable case definition should be reclassified as “probable”.
- A suspect case who dies, on whom no autopsy is conducted, should remain classified as "suspect". However, if this case is identified as being part of a chain transmission of PI, the case should be reclassified as "probable".
- If an autopsy is conducted and no pathological evidence of PI is found, the case should be "discarded".

**Home Observation And Surveillance Order For
Contacts Of Pandemic Influenza**



**MINISTRY OF HEALTH
MALAYSIA**

Reference No:
District Health Office

Telephone Number: _____
To:
Name: _____
Identification Card Number: _____
Address: _____

**HOME OBSERVATION AND SURVEILLANCE ORDER FOR CONTACTS OF
PANDEMIC INFLUENZA (PI) UNDER SECTION 15 (1) THE PREVENTION AND
CONTROL OF INFECTIOUS DISEASES ACT 1988**

The World Health Organization (WHO) has described in its case alert that pandemic influenza (PI) may spread through close contacts. Close contact is defined as having lived with or having had direct contacts with respiratory secretions or body fluids of persons with PI.

2. You have been identified as a close contact of a person who is suspected to have PI and there is a possibility that you have been exposed to PI. Under section 15(1) of the Prevention and Control of Infectious Disease Act 1988, allows the authorised officer to order your isolation in any hospitals.
3. In view of the circumstances, the authorised officer has in his opinion you can be attended to in your home and permit you to be put under surveillance and observation at home mentioned above subject to conditions as in Annex A.
4. During the period of surveillance and observation you are required to observe the conditions stipulated in the list. Under section 24 of the Act, any person who disobeys

any lawful order issued by an authorised officer shall be liable on conviction in respect of the first offence, to imprisonment for a term not exceeding two years or to fine or to both, in respect of second or subsequent offence, to imprisonment not exceeding five years or to fine or to both, in respect of a continuing offence, to a further fine not exceeding two hundred ringgit for every day during which such offence continues.

Name of authorised officer: _____

Designation: _____

Date: _____

Time: _____

**ACKNOWLEDGEMENT OF RECEIPT OF A COPY OF HOME OBSERVATION
AND SURVEILLANCE ORDER BY CONTACTS**

Signature: _____

Name: _____

Identification Card Number: _____

Date: _____

Time: _____

**HOME OBSERVATION AND SURVEILLANCE ORDER FOR CONTACTS OF
PANDEMIC INFLUENZA (PI) UNDER SECTION 15 (1) THE PREVENTION AND
CONTROL OF INFECTIOUS DISEASES ACT 1988**

**I. WHAT HAS TO BE DONE DURING THE HOME OBSERVATION AND
SURVEILLANCE PERIOD?**

A. STAY AT HOME DURING THE SPECIFIED PERIOD

1. Stay at home at all times from _____ to _____
2. If you have school going children or have siblings who attend school, kindergarten or child care centers, they are also to stay at home at all times for the same period.
3. Arrange for relatives / friends to purchase groceries, or your daily needs.
4. If you urgently need to go out for matters needing personal attention , you need to consult the District Health Officer at : _____
5. If you need any assistance in your daily needs, call: _____
6. Minimise contact with friends as far as possible. If friends and relatives do enter your home, please keep a list of their names, contact numbers and the date of their visit.
7. If your spouse or any other adults in your home have not been issued the home observation and surveillance order, they are free to leave the house and carry on with their daily routine.

B. CHECK FOR SIGN OF FEVER

1. Check for fever daily and this to be monitored for 10 days beginning on _____
2. Wear the face mask at all times if you have fever or cough, until arrangement can be made for medical attention.
3. If you are unwell or have fever, please call the District Health Officer at _____ and arrangement will be made for you to seek medical attention.

C. OBSERVE GOOD PERSONAL HYGIENE

1. Maintain good personal hygiene.
2. Cover your mouth when coughing and sneezing
3. Wash your hands every time you touch your nose, mouth or eyes
4. Maintain good indoor ventilation.

5. Surfaces soiled with sputum, phlegm, nose discharge or vomit can be washed with household bleach i.e. *chlorox* and the recommended dilution: Adding 1 part of bleach to 50 parts of water.

D. WHAT IS NOT TO BE DONE DURING THE HOME OBSERVATION AND SURVEILLANCE PERIOD?

1. Leaving home for any reason including buying groceries, going for a walk, to the playground or public places.
2. Children and their siblings playing with other children outside or inside the home.

REMINDER

Spot checks will be carried out to ensure the above mentioned instruction strictly adhered and if found to be non-compliant, a legal proceeding shall be taken against you under this Act.

GUIDELINES FOR HAND HYGIENE AND DISINFECTION

A. How to Wash Hands (using non antimicrobial soap and antimicrobial soap)

Remove jewelry before hand wash procedure.
Rinse hands under warm running water. Rationale: This allows for suspension and washing away of the loosened Microorganisms.
Lather with soap and, using friction, cover all surfaces of the hands and fingers. Rationale: The minimum duration for this step 10 seconds: more time may be required if hands are visibly soiled. For antimicrobial agents 3-5mL are required. Frequently missed areas are thumbs, under nails, backs of fingers and hands.
Rinse under warm running water. Rationale: To wash off microorganisms and residual hand washing agent.
Dry hands thoroughly with a single-use towel. Drying achieves a further reduction in number of microorganisms. Re-useable towels are avoided because of the potential for microbial contamination.
Turn off faucet without re-contaminating hands, e.g. use single use towel. Rationale: To avoid re-contaminating hands.
Keep fingernails short and do not use fingernail polish or artificial nails. Rationale: Chipped nail polish may increase bacterial load. Artificial nails including wraps, acrylics or tips increase bacterial load. Nail polish and artificial nails impede visualization of soil under nails.

Adapted from Health Canada Infection Control Guidelines: *Hand Washing, Cleaning, Disinfection and Sterilization in Health Care*.

B. Decontaminating Hands with an Alcohol-based Hand Rub

To decontaminate hands that are not visibly soiled* using an alcohol-based hand rub:

- Follow the manufacturer's recommendations on the volume of product to use;
- Apply product to palm of one hand and rub hands together, covering all surfaces of hands and finger, until hands are dry.

Note: * Hand wash if hands are visibly dirty or contaminated with proteinaceous material or are visibly soiled with blood or other body fluids by washing with either a non-antimicrobial soap and water or an antimicrobial soap and water as outlined above, How to Wash Hands (*adapted from Health Canada*).

DISINFECTION PROCEDURES:

Table A. Cleaning Procedures for Common Items

Surface/object	Procedure	Special considerations
Horizontal surfaces Such as over bed tables, work counter, baby weigh scales, beds, cribs, mattresses, bedrails, call bells	<ol style="list-style-type: none"> 1. Thorough regular cleaning 2. Cleaning when soiled 3. Cleaning between patients / clients and after discharge 	<p>Special procedures sometimes called Carbolizing are not necessary.</p> <p>Some environmental surfaces may require low lwvwl disinfection (e.g., in nurseries, pediatric settings, critical care, bum units, emergency rooms, operating rooms and bone marrow transplantation facilities).</p>
Walls, blinds, curtains	Should be cleaned regularly with a detergent and as splashes/visible soil occur.	
Floors	<ol style="list-style-type: none"> 1. Thorough regular cleaning 2. Cleaning when soiled 3. Cleaning between patients / clients and after discharge <p>Damp mopping preferred</p>	<p>Detergent is adequate in most areas.</p> <p>Blood/body fluid spills should be cleaned up with disposable cloths followed by disinfections with a low level disinfectant.</p>
Carpets/upholstery	Should be vacuumed regularly and shampooed as necessary.	
Toys	Should be regularly cleaned, disinfected with a low level disinfectant, thoroughly rinsed, and dried (between patients in acute care setting).	<p>For pediatric settings, toys should be constructed of smooth, nonporous (i.e., not plush) materials to facilitate Cleaning and decontamination.</p> <p>Do not use phenolics.</p>
Toilets and commodes	<ol style="list-style-type: none"> 1. Thorough regular cleaning 2. Cleaning when soiled 3. Clean between patients / clients and after discharge. <p>Use a low level disinfectant</p>	These may be the source of enteric pathogens such as <i>C. difficile</i> and <i>Shigella</i> .

Table B. Directions for Preparing and Using Chlorine-based Disinfectants

Product	Intended	Recommended dilution	Level of available chlorine
Household bleach (5% sodium hypochlorite solution with 50000 ppm* available chlorine)	Cleanup of blood spills	Use concentrations ranging from 1 part bleach to be mixed with 99 parts of tap water (1:100) or one part of bleach to be mixed with 9 parts of tap water (1:10), depending on the amount of organic material (e.g., blood or mucus) present on the surface to be cleaned and disinfected.	0.05% or 500 ppm 0.5% or 5000 ppm
	To add to laundry water	One part (one 8 ounce cup) Of bleach to be mixed with About 500 parts (28 Gallons†) of tap water.	0.01% or 100 ppm
	Surface cleaning Soaking of glass-ware or plastic items	One part (one 8 ounce cup) to be mixed with about 50 parts (2.8 gallons) of tap water.	0.01% or 1000 ppm

* *Parts per million*

† *Imperial gallon (4.5 litres)*